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PTO/SB/01 (12-97)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & contains a valid OMB control number. Please type a plus sign (+) inside this box  $\longrightarrow$  +Attorney Docket Number 45197.2 **DECLARATION FOR UTILITY OR** Perrault First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required) Declaration OR Submitted Group Art Unit with Initial Examiner Name

As a below named inventor, it hereby declare that:  My residence, post office eddress, and olizonship are as stated below resulter my name.  ! believe I am the original, first and sale inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is delimed and for which a patent is sought on the invention smitted:						
the epacification of with the epacification of with the control of	<b>N</b> O		to of the Invention)	d States Applicat	tion Number of F	PCT (niemational
Application Number and was timerided on (MMDD/YYY) (ill applicable).  I horoby state that I have reviewed and undorstand the contents of the above identified specification, including the claims, as amendment specifically referred to above.  I scinowhedge the duty to disclose information which is material to potentability as defined in 37 CFR 1.56.  I horoby ctaim feeting priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(c) for patent or inventor's certification, or 365(b) of any foreign application the United States of America, Stated below and have disc intentional application which designated at least one country other than the United States of America, Stated below and have disc intentional application having a liting data below, by cheating this box, any foreign application for patent or inventor's certification or large PCT international application having a liting data below that of the application on which privarily is claimed.						
Prior Foreign Applicati		Country	Foreign Filling Date (MMIDD/YYYY)	Priority Not Claimed	Certified Co	ppy Attached? NO
2,289,790	CANA	DA	11/16/1999	0000	2000	<b>1</b> 000
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 etinohed hereico						
Thereby daim the bonofit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s) Filing Date (MM/DD/YYYY)						
Appareason realism (s)		rsung U3	O (GRADON 1111)	numb	onal provision: ere ere listed d emental priorit 59/02B affach	on a y data sheet

[Page 1 of 2]
Surdon Hour Statement: This form is estimated to take 0.4 hours to complete. Time with vary depending upon the needs of the individual case. Any comments on the amount of lime you are required to complete this form should be sort to the Chtef Information Officer, Patent and Tracterank Officer, Wishington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Registered practitioner(s) name/registration number listed below Registration Number Registration Name Name Number Additional registered practitionar(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto Direct all correspondence to: Customer Number 022828 OR Correspondence address below or Bar Code Label Address Address City State ZIP Telephone Fax Country howby doctare that at statements made herein of my own knowtedge are in the and statements made on information and belief are believed to be loue; and further that these statements were made with the knowtedge that willful false statements and the like so made are containable by fire or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if anvi) Family Name or Surname PERRAULT ARRY Inventor's Signature 11011/60 Citizenship CA Sime AB Innisfail Canada Residence: City 4804 - 51 Avenue Post Office Address

[Page 2 of 2]

Ell Additional Inventors are being named on the 1 supplemental Additional Inventor(s) shool(s) PTO/S8/02A attached hereto

TOM 1AD

Canada

AB



Residence: City
Post Office Address
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Please type a plus sign (+) Inside this box → + ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1\_ of 1\_ **DECLARATION** Name of Additional Joint Inventor, if any: A polition has been filed for this unsigned inventor Givon Name (first and middle (if any)) Family Name or Sumame KARROLL DAVID R.S. 16x7/40C inventor's Signature Rimbey AB Canada CA Citizenship Residence: City 5301 - 45 Street Post Office Address PO. BOX 997 Post Office Address TOC 2JO Rimbey Canada Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Inventor's Signature Date Residence: City Post Office Address Post Office Address City ZIP Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Namo (first and middle [if any]) Family Name or Sumame Inventor's Signature Date

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